Gastrostomy Tubes for Nurses
Everything You Need to Know to Provide Outstanding Care

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Nursing Grand Rounds
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Disclosures

- No financial interests in any products.
- Mention of product names does not constitute endorsement.
- I will be discussing off-label use of medications for management of g-tube granulation.
Objectives

1. List the essential elements of postoperative g-tube education for families prior to hospital discharge.
2. Identify tools available to give optimal g-tube care.
3. Identify when and who to call for g-tube issues beyond their scope and training.
4. Discuss how to help families be successful with a new g-tube.
Let’s start at the beginning…
the backstory and how we got to where we are today

- Feeding problems in kids
- What families had to teach us
- An organized approach
- Wrap-around care
Elements of success

key roles for nurses

EMPOWERMENT

“Focusing on self-reliance”
“Don’t need to come to ED unless THIS happens”
“Knowing when it is a true emergency.”

EDUCATION

“Giving guidance”
“Specific parameters”
“Multiple exposures to education”
“Standardized approach”
“Consistency”

AVAILABILITY

“Open office hours”
“Availability of specialty nurses”
“Having a number to call”
“Contact person”
“Troubleshooting”
Standardized approach to feeding tubes

- When to refer
- How to refer
- The team approach
  - Feeding tube medical home
  - Nutrition planning and follow-up
  - Oromotor therapy and follow-up
  - Home care equipment
  - Weaning to oral independence
Gastrostomy tube readiness patient safety checklist - essential pre-work

- Must be completed by the referring team (feeding home program)
- Located in CIS Ad Hoc charting
- Completed readiness checklist can be found under CIS Forms
- Organizes the designated feeding care team to ensure ownership and follow-up: dietician, feeding therapist, home care supplier, family readiness
Behind the scenes pre-work

NEW G-TUBE VISIT

REFERRING PROVIDER
- Recommend g-tube

FAMILY
- Call to schedule new GT visit

SCHEDULING
- Introduce checklist to family & send email
- Send faxback letter to referring provider
- Request orders for upper GI & PASS clinic
- Schedule 3 appointments w/ family:
  1. New GT visit
  2. Upper GI
  3. PASS clinic
- Propose orders to Jenny Kreiss
- Send OK to scheduling
- Confirm feeding home

RN (SURGERY)
- Complete pre-visit checklist

SURGEON
- Complete family visit
  1. Fill out CIS form
  2. Mark complete in Inside Out Care
  3. Survey family
- Meet family for new GT visit
Behind the scenes pre-work

**Surgery Clinic Gastrostomy Readiness Job Aid**

All SUR RN's and assigned floats will set up an account with Inside Out Care.
Go to [www.insideoutcare.com](http://www.insideoutcare.com) and click on the Sign Up button on the top right.
Sign up as a healthcare professional.
Pick the Administrator role.
Access to the InsideOutCare dashboard will be granted by the InsideOutCare host.
Save Quick Parts in Outlook or Dot phrase in CIS for standard communication to feeding home and scheduling.

**SUR RN/Float:**
Before scheduling g-tube evaluation appointment:
Scheduling will email SUR RN requesting orders for PASS and/or UGI.
RN will propose the orders to SUR ARNP Jenny Kreiss in message center. In subject line in message center please type SUR/JK: UGI and PASS proposal for GT placement. Forward the scheduling email in Outlook to Gen Sur RN with comment “Orders Proposed”
When orders are signed RN will forward message in Outlook to Scheduling center (future states in Message Center) stating **Orders signed, please schedule.** (save this bolded text as a Quick Part in Outlook)
Before appointment: Family will call or email SUR RN with provider they have identified as feeding home. RN will email this provider asking for confirmation using the following text (save the text below as a Quick Part in Outlook) Note: Future state-family will be able to identify provider on InsideOutCare checklist

_’s family has scheduled an appointment in our clinic for a gastrostomy tube consultation. Before we schedule an operation, we need to establish a Feeding Tube Home. The role of the feeding home is to coordinate the nutrition and feeding therapy, as well as to be the service to troubleshoot feeding problems as they arise. We will continue to address problems that pertain directly to the tube and surgical wound.
_’s family has identified you as the feeding tube home. Please let us know if you are in agreement with this plan. Please do not hesitate to contact us if you have questions.
Thank you,

When confirmation email received please document the provider name/clinic in the Ad Hoc Gastrostomy Readiness Checklist. Mark all other questions as No. Ok to put X in the required yellow fields. Save form.
Behind the scenes pre-work

**Surgery Clinic Gastrostomy Readiness Job Aid - continued**

**SUR RN:**
2 days prior to appointment:
RN will review schedule and identify any new patient visits for gastrostomy placement and log in to Insideoutcare.com and review what items family has completed.
Check Gastrostomy Readiness Checklist for feeding home. **Future state- family will identify feeding home provider on InsideOutCare. Send email to feeding home as noted above.**
RN will make note of items NOT completed on checklist in the clinic prep email sent to SUR provider.

**SUR RN/Float:**
Day of visit:
Huddle with provider to review checklist items including feeding home, if confirmed
Obtain name of feeding therapist, nutritionist and home care company from family.
Add new information to the Gastrostomy Tube Placement Readiness Patient Safety Checklist and indicate if patient ready to schedule surgery date.
Document on Clinic Visit Summary next steps
  - Ready to schedule surgery date
Primary Placement Techniques

• Surgical
  • Stamm gastrostomy: stomach is sewn to the anterior abdominal wall.
  • Most stable tract (depending on technique)
  • Mostly laparoscopic, one night stay in hospital
• Endoscopic (GI)
  • Direct visualization of UGI tract
  • Shorter recovery, one night stay
  • Less-stable tract (no securement of stomach to abdominal wall)
• Percutaneous (interventional radiology)
Types of feeding tubes

• Long tubes

examples:

• PEGs (percutaneous endoscopic gastrostomy)
• Long balloon-retention tube
• Malecots (long soft mushroom-retention tube)
• Advantages: quickly placed, some are long-lasting, require no special extension pieces
• Disadvantages: difficult to stabilize, dislodgement
PEG

Balloon-retention Malecot tube

Standard Foley

Malecot
Skin level tubes

• Firm silicone mushroom retention, (BARD, etc.)
  • advantage—lowest profile, can last up to several years between changes
  • disadvantage—office change, painful

• Balloon retention, (AMT MINI, MICKEY, etc.)
  • advantage—safely and comfortably changed at home every 3-6 months
  • Disadvantage—higher profile, requires caregiver training and participation to maintain
Bard button, Mickey and AMT Mini
Bard with extensions, *note decompression (venting) set
AMT Mini with extension set
AMT Mini with green-glow extension set
Balloon-retention feeding extension piece locks into place (AMT: Mickey compatible)
All new tubes crust and drain
Crusty, sticky drainage with minor redness common around exit site
Typical open-placed tube appearance at 2 week postop check
Common minor issues: granulation

Upwards of 2/3 of all g-tubes will experience granulation. Granulation is a nuisance, not a danger!
Please call for these issues

- **Tube out** or broken
- Significant skin breakdown
- Major leakage with significant calorie loss
Please call for eroded stoma with skin breakdown
Please call for cellulitis with erythema greater than 2 centimeters from stoma
What families need to succeed

Know what is normal and expected
Know when to worry and how to get help
Know basic care (cleaning and use)
Understand supplies and resources
1. **Cleaning**
   - Plain water or mild soap
   - All new tubes crust and drain like a new piercing—this is normal

2. **Stabilization**
   - Secure extension set to prevent torqueing on the new tube
   - The more stable the tube, the less skin issues occur

3. **Use of the extension set**
   - Pinch the base of the tube securely and use a two-hand technique to attach/detach extension—caregivers to practice
   - Disconnect and wash with warm soapy water daily
4. Home Care set-up
   • Contacts for equipment and supplies

5. Clinic appointment and tube questions
   • Valuable opportunity to reinforce education and troubleshooting
   • Clinic contacts for questions and concerns

*Do not underestimate the importance of the postop teaching you provide…it will make life so much easier for the child and family!
My nursing resources

• For teaching
  • InsideOutCare.com
  • Patient education toolkits on Child
  • Nursing Guideline of care: gastrostomy
  • Clinical Standard Work: gastrostomy
  • Policy and Procedure: g-tube troubleshooting
  • Clinical nurse specialist, unit-based

• For care issues outside my scope
  • Start with nursing resources
  • Use assigned providers
  • Consult specialty teams if needed
Help! (Who do I call?)

- Surgery (all surgically placed tubes)
  - Surgery NP’s M-F 8-5
- Gastroenterology (PEG tubes)
- Interventional Radiology (GJ’s)
What families need to succeed

*nursing education is essential*

Know what is normal and expected
Know basic care (cleaning and use)
Understand supplies and resources
Know when to worry and how to get help
Questions?